

CSTI REQUEST FOR CURRICULUM CHANGE OR CORRECTIONS

<u>FROM</u> Name: Address: Phone: Instructor Outreach #:	Date: Course Name:
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Summary of change: *(Items to be changed; please include section and page number)*

Reasons for Change: *(Include reference, interpretations, Federal Registers, etc.)*

How the change should be made: *(Include examples, photocopies, images, etc.)*

Please Return to:

**CSTI
Haz Mat Section Chief
P.O. Box 8123
San Luis Obispo, CA 93403-8123
Fax: (805) 549-3555**

CSTI USE: Approved Disapproved Tabled Other	Final Action:
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